

2 May 2016

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### **Amended Scope of Practice for Dietitians**

Dear Sue

Thank you for inviting the New Zealand Medical Association (NZMA) to provide feedback on a proposal to amend the scope of practice for dietitians. The NZMA is New Zealand's largest medical organisation, with more than 5,500 members from all areas of medicine. The NZMA aims to provide leadership of the medical profession, and to promote professional unity and values, and the health of all New Zealanders. Our submission has been informed by feedback from our Advisory Councils and Board.

1. We note that the current dietitian scope of practice is brief and has been unchanged since the HPCA Act came into force over 10 years ago. We also note that the Dietitians Board's intention is to redefine the scope of practice to better reflect current practice; to future-proof the role of dietitians; and to provide greater clarity as to the range of dietetic practice. While the NZMA is generally in favour of 'fleshing out' scopes of practice, and of ensuring that definitions used in scopes of practice are clear and specific, we have major concerns about the rationale behind the proposed amendment as well as with the proposed wording of the amended scope of practice. We elaborate on these concerns in the following paragraphs.

2. The primary role of Regulatory Authorities is to protect the health and safety of members of the public. If dietitians are currently operating outside their scope of practice as suggested, this is a matter of concern. Accordingly, we submit that a more appropriate course of action would be for the Dietitians Board to ensure practitioners operating outside their scope of practice stop doing so. We do not think that redefining the scope of practice to address this problem is the appropriate response. We are also uneasy with the notion that an amendment is required to 'future-proof' the role of dietitians. We believe that scopes of practice should address the present, not a hypothetical and uncertain future.

3. We have strong concerns relating to the following two proposed definitions of the practice of dietetics:

- For designated prescribers, the prescription of Special Foods and **medicines**;
- Provision of evidence-based advice and recommendations on diet, nutrition and **medicine-related health issues**.

We note that the definition of dietitian in the amended scope of practice has no mention of medicines. We seek clarification as to how the Dieticians Board made the step from “knowledge about food and nutrition” to the “prescription of medicines” and the provision of advice on “medicine-related health issues”.

4. With respect to the point on prescribing medicines, we ask the Dietitians Board to make it clear that this is limited to diet and nutrition. The wording of the definition as it stands means that future changes to the list of designated medicines, or a shift to authorised prescribing, could allow Dietitians to prescribe well beyond medicines specifically related to diet and nutrition while still arguably remaining within their scope of practice. With respect to the point about ‘medicine-related health issues’, we ask the Dieticians Board either to remove this phrase entirely or to provide a clear definition that narrows this down to health issues relevant to diet and/or nutrition. We also suggest that, if not already done, the Dietitians Board consider developing a policy statement clearly proscribing practitioners from advertising or endorsing foods or supplements. This would be consistent with the position taken by the medical profession.

5. Finally, it is our understanding that there has been a steady growth in the prescription of ready mixed liquid feed and infant formula, at significant cost to the pharmaceutical budget. This growth could reflect various factors, including inappropriate or unnecessary prescribing, targeted advertising or inadequate patient review. We reiterate our concerns around independent non-medical prescribing, and our view that prescribing should not be considered in isolation from broader considerations including diagnosis. Though not directly related to the current consultation, we are interested in knowing more details (including the costs) relating to the growth in the prescription of ready mixed liquid feed and infant formula.

We hope that our feedback has been helpful and look forward to learning the outcome of this consultation.

Yours sincerely



Dr Stephen Child  
NZMA Chair